

SCHEDULE A

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**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
NEGOTIATED NET AMOUNT
SCHEDULE "A" PLANNING ESTIMATES
FY 2005-2006**

Contractor Name: Oasis Counseling Ctrs-RRCAddress: 650 S. "E" St, Ste. C&DSan Bernardino, CA 92408Date Form Completed: 5/17/2004

		PROVIDER NUMBER	36BT						
LINE		MODE OF SERVICE	45						
#		SERVICE FUNCTION	20						TOTAL
EXPENSES									
1		SALARIES	80,808						80,808
2		BENEFITS	23,434						23,434
3		OPERATING EXPENSES	81,688						81,688
4		TOTAL EXPENSES (1+2+3)	185,930						185,930
AGENCY REVENUES									
5		PATIENT FEES							0
6		PATIENT INSURANCE							0
7		MEDI-CARE							0
8		GRANTS/OTHER							0
9		TOTAL AGENCY REVENUES (5+6+7+8)							0
10		CONTRACT AMOUNT (4-9)	185,930						185,930
11		CONTRACT DAYS	365						
12		CONTRACT MONTHS	12						
13		NUMBER OF BEDS	30						30
14		TOTAL CLIENT DAYS (11 * 13)	10,950						10,950
15		ANNUAL AMOUNT PER BED (10 / 13)	6,197.67						
16		MONTHLY AMOUNT PER BED (15 / 12)	516.47						
17		DAILY AMOUNT PER BED (10 / 14)	16.98						
18		TOTAL MONTHLY AMOUNT (16 * 13)	15,494.17						15,494

APPROVED:

_____ PROVIDER AUTHORIZED SIGNATURE	_____ DATE	_____ CONTRACTS MANAGEMENT	_____ DATE	_____ DBH PROGRAM MANAGER	_____ DATE
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